

# Format of Application for Accreditation of Postdoctoral Fellowship Course in Neuro-Critical Care

Name of the Institution:	
Address of the Institution:	
Tal.	
Tel: Fax:	
Email (For correspondence):  Name, address and contact details of the	
Head of the Institution	
Name, address and contact details of the	
Head of the Department conducting the	
course	
Name, address and contact details of the	
Course Director of PDF (Neurocritical care)	
Details of the Institution	
1. Inception	
2. General Hospital/ Neurosciences centre	
Information on Neurosciences:	
Neurosurgery: Present / Absent	
2. Neurology: Present / absent	
3. No. of qualified neurologists	
4. No. of qualified neurosurgeons	
5. No. of Neurosurgical operations / year	Details to be given in Annexure A
(average over the last two years)	
6. Dedicated Neuro-ICU (Yes/No)	
a. No of beds	
b. Occupancy rate	
c. Percentage of patients on	
mechanical ventilation for > 48hrs	
7. Do all postoperative patients pass	



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	through NICU	
8.	No. of admissions to Neuro-ICU in the	Details to be given in Annayura D
8.	last 12 calendar months in the format	Details to be given in Annexure B
	enclosed	
0		
9.	Is there a separate neuroradiology	
10	department (Yes/No)	
10.	Provide information on the number of	Details to be given in Annexure C
	neuroradiological investigations	
	carried out under anaesthesia in the last	
1.1	12 calendar months	
	Any other information	
Faciliti	es in NICU	
	1. ICU ventilators per bed and make	
	2. Monitoring facilities	
	a) ECG	
	b) NIBP	
	c) IBP	
	d) Pulse oximetry	
	e) Capnography	
	f) ICP	
	g) EEG	
	h) TCD	
	i) Ultrasound	
	j) Any other monitoring facility	
	k) Blood gas analyser	
	3. Infusion pumps (Total no)	
	4. Infusion syringes (Total no.)	
	5. Bed-side x-ray	
	6. Bronchoscope	
	7. Transport ventilator	
	8. Round-the clock Biochemistry	
	9. Round the clock x Ray service	
	10. Microbiology back-up	
	11. Any other information	
Staff		
	1. No. of dedicated neurointensivists	
	2. No. of Professors/Senior	
	Consultants	



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3.	No. of Junior faculty (below the
	rank of additional professor) /
	Junior consultants
4.	Senior Residents
5.	Junior Residents
6.	ICU Technicians
7.	Respiratory Therapist
8.	Consultant coverage for ICU in the
	night (Yes/ No)
9.	Any other information
Proposed '	Feaching programs
1.	No. of seminars / week
2.	No. of journal clubs / week
3.	No. of case presentations / week
(A minimu	m of three hours of class-room
teaching is	mandatory per week in addition to
bed-side di	scussions)
Library	
1.	No. of books in anaesthesia/
	Critical care (< 10-year-old
	editions)
2.	No. of journals in
	anaesthesia/Critical care
3.	No. of journals pertaining to
	Neuroanaesthesia/ Neuro Critical
	care
4.	Internet access for the faculty /
	students (Yes/No)
5.	, ,
	material subscribed for by the
	institution.
Class-room	
1.	Computer
2.	LCD projector / OHP
	1 3

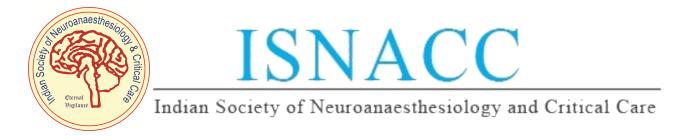
Signature & Saal of the Course Director of the DDE
Signature & Seal of the Course Director of the PDF
Signature & Seal of the HOD
Signature & Sear of the HOD
Signature and Seal of the Head of the Institution



#### **Annexure A**

#### DETAILS OF SURGICAL OPERATIONS OVER ONE YEAR

Type of operation	Total no. of cases (in 12 months)
Elective	
Supratentorial tumours	
Infratentorial tumours	
Cerebral aneurysms	
Other vascular lesions	
Pituitary	
Cervical Spinal lesions	
Other Spinal lesions	
Shunts	
Neuro-endoscopy	
Surgery on bony lesions / skull base lesions	
Peripheral nerve surgery	
Any other surgery	
-	
Emergency	
Head injury	
Other emergency (List below)	



#### **Annexure B**

#### DETAILS OF NEURO-ICU PATIENTS OVER ONE YEAR

Diagnosis	Total no. of cases (in 12 months)
Postoperative observation only (no invasive	
interventions)	
Neuro-medical patients (for observation only)	
Patients requiring ICU interventions	
Patients requiring invasive monitoring (IBP,	
ICP etc.)	
No. of patients requiring mechanical	
ventilation	
Diagnostic categories	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



#### **Annexure C**

#### DETAILS OF ANAESTHESIA FOR NEURORADIOLOGY OVER ONE YEAR

Diagnosis / Procedure	No. of cases	No Anaesthesia Services/ MAC/GA



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#### Please note:

- 1. The selection of the candidate is done by the institute itself at present
- 2. The selected candidate should be registered with the secretariat after paying a fee of Rs 5000/- only
- 3. It is advised to pay the candidate equivalent to senior resident
- 4. The selected candidate should become member of ISNACC
- 5. A common exit evaluation examination will be held by the ISNACC at the end of the course for the entire country.
- 6. A fellowship certificate will be issued by the ISNACC
- 7. Successful candidates will be presented at the Annual conference of the ISNACC
- 8. An inspection fee (non-refundable) of Rs. 50,000/- should accompany this application, which may be paid in the form of a DD drawn in favour of "Indian Society of Neuroanaesthesiology and Critical Care"
- 9. The examination fee for each candidate is Rs. 10000/- which shall be paid by the candidate before appearing for the examination. An application form for the examination will be made available on the ISNACC website or can be collected from the ISNACC Secretariat.
- 10. Applications to be sent to

#### ISNACC SECRETARIAT

Department of Neuroanesthesiology & Critical Care

Neurosciences Centre, 6th Floor/Room No. 9

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